

## Show this to people who use the 'it's-because-of-the-high-number-of-shots' argument

ARE associated with considerably more deaths

5/10/2023

336 71 9

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The question we need to answer is: WHY? EXACTLY

I have written this story up way back in March 2022. Y

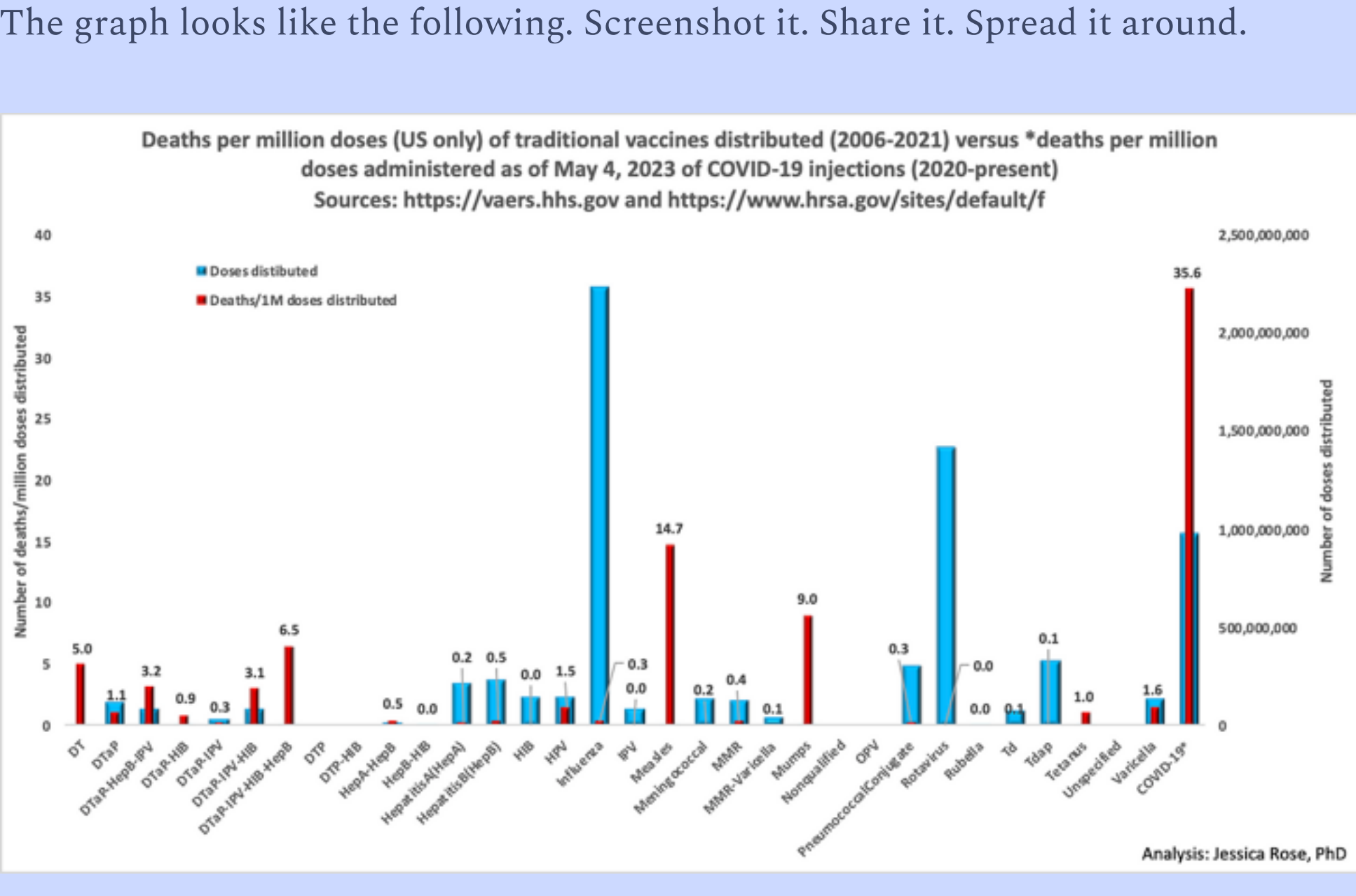
I am the kind of person who likes to reproduce work and see what else my own

the same thing is that everyone is unique in their approach, skill sets and presentations, and when there is consensus with regard to results, well, that's just golden.

The graph is quite simple and is made from three sets of data originating from 1. the [Health Resources Services and Administration HRSA](#) revealing the National Vaccine Injury Compensation Program (NVICP) compensation reports and 2. the [Vaccine Adverse Event Reporting System \(VAERS\)](#) data revealing adverse event reports in the context of various vaccines and injectable products, and finally, 3. the [Centers for Disease Control and Prevention \(CDC\) COVID data tracker](#) data revealing the total number of COVID shots both administered and distributed, among many other things.

The data from 1. includes vaccine distribution data for compensation petitions filed from 01/01/2006 through 12/31/2021, and more specifically and relevantly (to us), the number of doses of 32 vaccines distributed for the timeframe between January 1st, 2006 and December 31, 2021. The COVID vaccine distribution count comes from #3 and VAERS, #2, delivers the number of adverse event reports of death (deaths) from 2006-2021 per vaccine, and the number of deaths for the COVID products from 2020-2023 (there were 16 deaths reported in 2020 in association with COVID). The number of deaths per million doses distributed was simply calculated by dividing the number of deaths by the number of shots distributed for a particular shot, times 1,000,000. I wish the data from the NVCIP

choosers.



The blue bars represent the total number of doses for each vaccine/injectable product distributed for the respective timeframes (again, for vaccines: 2006-2021 - 16 years; and for COVID products - 2.5 years: 2020-2023). The red bars represent the total number of deaths per million doses distributed per shot type.

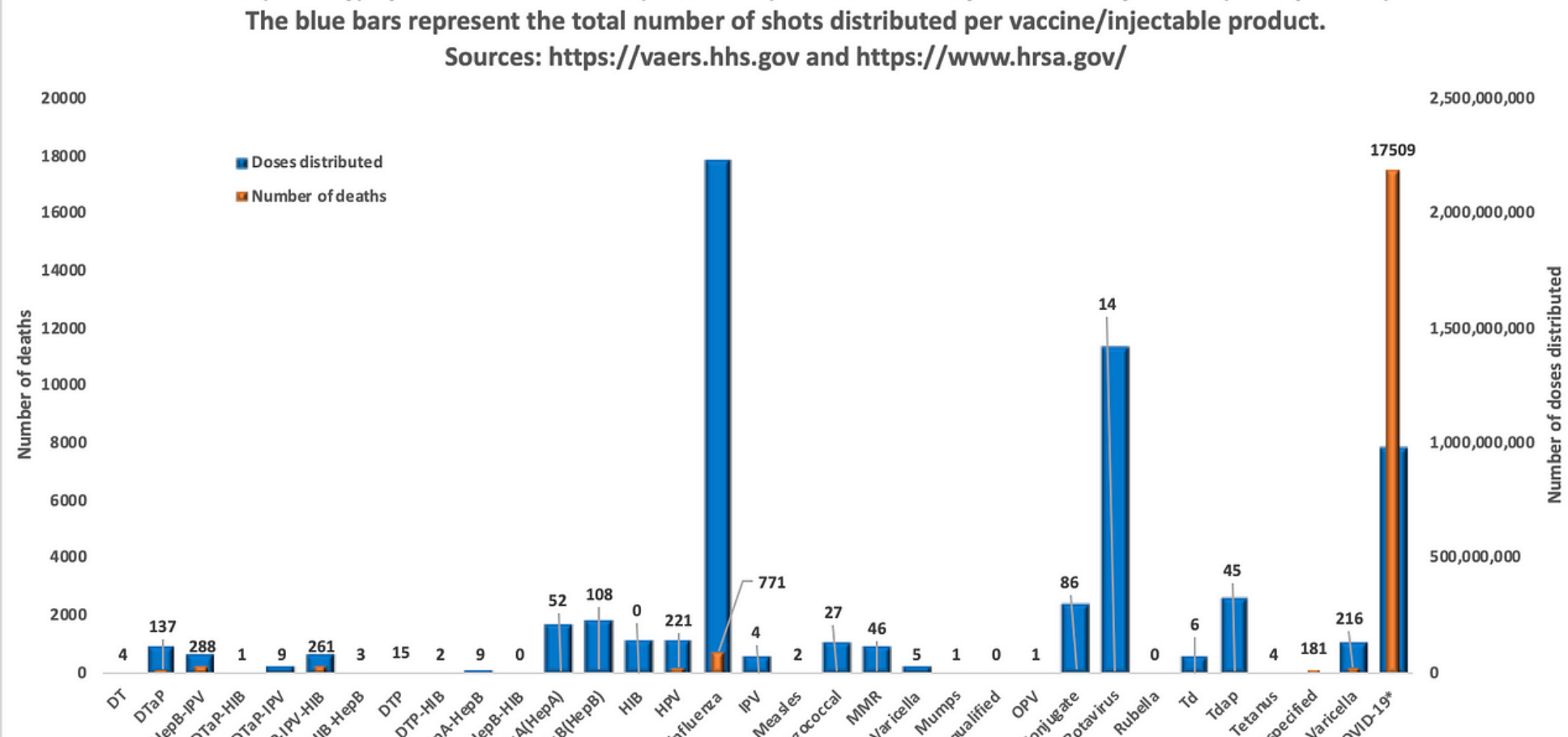
Perhaps the most striking observation one can make about this graph is the stark difference between influenza and COVID-19 with regard to deaths per million doses. Even though there were a staggering 2,231,400,000 influenza shots distributed, only 771 people were reported to have died in 16 years.<sup>1</sup>

The death rate per million doses for COVID is 35.6 versus 0.3 for influenza.  
That's 119 times higher.

As a point of note, we are talking about the number of shots distributed during a 16-year timeframe versus a 2.5-year timeframe (2 years, 4 months and 18 days as of May 5, 2023) for influenza versus COVID, respectively. That's 2.8 times as many shots for COVID *per year* than for influenza. \*I divided the number of shots distributed by the number of years in each timeframe, and then divided these two numbers -  $982,117,925/2.5$  years (COVID);  $2,231,400,000/16$  years (FLU)  $\rightarrow$   $(982,117,925/2.5)/(2,231,400,000/16) = 392,847,170/139,462,500 = 2.8$ ).

Now, as I reported in my previous article, if the products held the same level of potential adverse event risk or lethality (in the case of death), then the ratio of death reports made in the contexts of COVID and influenza over a year should be 2.8:1 - skewed toward COVID - right? In other words, we should see about 2.8 times as many death reports as for influenza if they are equally lethal. We would see ~48 deaths per year in the context of influenza (since there are a total of 771 deaths reports filed between 2006 and 2021), and therefore, we would expect ~134 death reports in the context of COVID per year, *if the COVID shots were not more harmful*. So that means, we should have about 335 total death reports since the roll-outs started back in December 2020.

number of deaths as opposed to the number of deaths per million shots distributed. If we calculate the number of deaths per year, we get 7,004 per year (on average) for COVID and as previously calculated, 48 per year (on average) for influenza.



Therefore, instead of our 2.8 times expected number, we obtain 146 times more reports of death (COVID  $\rightarrow N = 17,509/2.5$  and influenza  $\rightarrow N = 771/16$ ) per year in the context of COVID when compared to influenza. Again, said in another way, if the COVID shots were NOT more harmful, then we would expect to see 335

So if the COVID shots were the same amount of lethal as the influenza shots, then we would see a 2.8:1 death ratio for COVID:FLU - the death ratio is 146:1

The second graph also reveals some additional interesting information in the context of the single measles and mumps shots. Proportionally, even though only 135,660 and 110,749 shots were distributed for measles and mumps, respectively, 2 and 1 people (children) died nonetheless. It seems odd to me that if the measles shots were doled out by the millions as the MMR shots are ( $MMR \rightarrow 127,871,467 - 943$  times more shots out than for measles alone), then we would have death rates that I personally, would not call low. 14.7 deaths per million? Steve Kirsch recently quoted (not yet published) Paul Offit as having stated the following:

"We know if we immunize a million people, that there will be 15 people that will suffer severe, permanent adverse outcomes and one person who may die from the vaccine," says Dr. Paul Offit, one of the country's top infectious disease specialists, and he knows all about vaccines that prevent those diseases.

As the Simpsons have summarized it so eloquently (and everything else for that matter), not going there.



- 1 The highest number of people who died in a year in association with the influenza shots was 79 in 2020.

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336 71 9

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**Comments**





**Jersey Prophet**May 10

Write a comment...


But, but... Climate change just began in the spring of 2021!! How could we have forgotten the true cause of this excess mortality?

I'm sure we'll have plenty of vaxxaholics remind us promptly.


 LIKE (38)

 REPLY ...


1 reply




**MB**May 10•edited 19 hr ago


 Liked by Jessica Rose

Excellent rebuttal to the argument you cited. One request - can the author show the data for the same time period (2020 to present) for all vaccines? No reason we should be giving the Covid shots the benefit of the shorter time frame. Showing it both ways highlights how anomalous the Covid shots are, and matching the timeframes would illustrate the scale of harm even more effectively. Thank you for all you do!

 LIKE (28)

 REPLY ...


2 replies by Jessica Rose and others



**This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.**

This particular note spoke loudly to me and this lovely person gave me permission to share her words.


JESSICA ROSEJUL 17, 2022   1,726   286   3



**A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...**

Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH

JESSICA ROSENOV 2, 2021   1,271   148   3



**Rewrite: Let's tag team this until everybody understands**

The modified spike protein is dangerous and for very specific reasons.

JESSICA ROSEJUN 13, 2022   707   136   3